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	A. Statement		ARIZONA STATE DEF	PARTMENT OF HEALTH	STATE FILE NO.	-000
<u>.</u>	•			ITAL STATISTICS GAY	, o mil the No.	5262 / 3
11 01	BIRTH NO. 1. PLACE OF DEATH			3 HEHAL BECIDENCE	REGISTRAR'S NO.	
E DEATH	A. COUNTY	PIMA		2. USUAL RESIDENCE A. STATE Ariz	IWHERE DECEASED LIVED IF INSTITUTION: RESIDEN B. CO.	CF BEFORE
DE DEATH ND SIDENCE	B. CITY (IF OUTSIDE OR TOWN TUCSO	CORPORATE LIMITS, WRITE RURAL)	C. LENGTH OF STAY	d OR This	e corporate limits. write 10an	E RURALI
5	D. FULL NAME OF HOSPITAL OR INSTITUTION	St. Mary's H	OSpital	D. STREET	.0. Franklin	GIVE LOCATION
	3. NAME OF A.	(FIRST) B.	(MIDDLE) C.	(LAST)	4. SEX	5. COLOR OR RACE
	DECEASED HIN	IIL		BERRY	Male	White
DENT 3	6. MARRIED	7. DATE OF BIRTH	8. AGE 1 15 MONTHS 15	IF UNDER 24 HOURS	9A. USUAL OCCUPATION DURING MOST OF LI	GIVE KIND OF WORK
ONAL	9B. KIND OF BUSI. NESS OR INDUSTRY	10. BIRTHPLACE (STATE	11. CITIZEN OF WHAT	IYES, NO. OR UNKNOWN! ITE	Retured Ran IN U. S. ARMED FORCES? YES, WAR OR DATES OF SERVICE	13. SOCIAL SECURITY
TA / A	Hancher 14A. FATHER'S NAME	Scotsdale, Pa		No		None
7		>	148. BIRTHPLACE ISTATE OR COUNTRY!	Catherine -		STATE OR COUNTRY:
049	16. INFORMANT'S SIGN	NATURE IV	(edford, Orego	17. DATE OF DEATH		27 1949
	18. CAUSE OF DEATH		MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
use/6H.0	ENTER ONLY ONE CAUSE PER LINE FOR (81, (b), (C).	I. DISEASE OR CONDIT DIRECTLY LEADING T		of sorry -		ONSET AND DEATH
)F ' A	THE MODE OF DYING.	ANTECEDENT CAUSES	¥.	the way	0.14-	beds in common
ATH (/	SUCH AS HEART FAIL- URE. ASTHENIA. ETC.	MORBID CONDITIONS, IF A RISE TO THE ABOVE CAUS	E (a) STAT.	- KB C. 170h		1 4 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
W 18) A	IT MEANS THE DISEASE	ING THE UNDERLYING CA	USE LAST.		♥	1 '
	INJURY, OR COMPLICA-		DUE TO 40.	•		*
7	TION WHICH CAUSED DEATH.	II. OTHER SIGNIFICAN	DUE TO (C)			
J	TION WHICH CAUSED DEATH	CONDITIONS CONTRIBUTION	IT CONDITIONS			;
TIONS,	TION WHICH CAUSED DEATH,	CONDITIONS CONTRIBUTION RELATING TO THE DISEASE	T CONDITIONS			20. AUTOPSY?
J.	TION WHICH CAUSED DEATH. PLACE DISEASE CON-TRACTED. 19A. DATE OF OPERAT	CONDITIONS CONTRIBUTION RELATING TO THE DISEASE	T CONDITIONS TO THE DEATH BUT NOT BE OF CONDITION CAUSING E	h famoural	mak	20. AUTOPSY? YES \(\text{NO} \)
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TIONS, OPSY 2	TION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. 19A. DATE OF OPERATE CONTRACTED. 21A. ACCIDENT SUICIDE HOMICIDE	CONDITIONS CONTRIBUTION RELATING TO THE DISEAS FION 19B. MAJOR (SPECIFY)	T CONDITIONS IG TO THE DEATH BUT NOT SE OR CONDITION CAUSING OF FINDINGS OF OPERATION 21B. PLACE O INJURY FARM, FACTORY, STR	E. G., N OR ABOUT HOME	Selfwd	YES NO D
TIONS, OPSY 2	TION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. 19A. DATE OF OPERATE CONTRACTED. 21A. ACCIDENT SHICIDS HOMICIDE	CONDITIONS CONTRIBUTION RELATING TO THE DISEAS FION 19B. MAJOR (SPECIFY)	T CONDITIONS IG TO THE DEATH BUT NOT BE OR CONDITION CAUSING DE FINDINGS OF OPERATION 21B. PLACE O INJURY FARM, FACTORY, STR	E. G., N OR ABOUT HOME EET, OFFICE BLDG., ETC.)	Selfwd	YES NO D
TIONS, OPSY 2	TION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. 19A. DATE OF OPERATE CONTRACTED. 21A. ACCIDENT SUICIDES HOMICIDE COF INJURY	CONDITIONS CONTRIBUTION RELATING TO THE DISEAS FION 19B. MAJOR (SPECIFY) (DAY) (YEAR) (MOUR)	21B. PLACE O INJURY FARM. FACTORY, STR	E. G., N OR ABOUT HOME EET, OFFICE BLDG., ETC.)	Seffed	YES NO DECOUNTY! (STATE)
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TIONS, OPSY 2 ATH 05 TO 33 RNAL 2 ENCE 2	TION WHICH CAUSED DEATH. PLACE DISEASE CON- THACTED. 19A. DATE OF OPERAT 21A. ACCIDENT SURCIDE HOMICIDE OF INJURY 22. I HEREBY CERTIFY	CONDITIONS CONTRIBUTION RELATING TO THE DISEAS FION 19B. MAJOR (SPECIFY) (DAY) (YEAR) (MOUR) (THAT I ATTENDED THE DEC	T CONDITIONS IS TO THE DEATH BUT NOT SE OF CONDITION CAUSING E FINDINGS OF OPERATION 21B. PLACE O INJURY FARM. FACTORY, STR 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT AT WORK	E. G., IN OR ABOUT HOME EET, OFFICE BLDG., ETC.) 21F. HOW DID INJURY	Seffed Y OCCUR? 19.48 THAT I	YES NO DICCOUNTY! (STATE)
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TIONS, OPSY 2 ATH 05 TO 33 RNAL 2 ENCE 2 ICAL / ONER'S CATION	TION WHICH CAUSED DEATH. PLACE DISEASE CON- TRACTED. 19A. DATE OF OPERAT 21A. ACCIDENT SHICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY 22. I HEREBY CERTIFY ALIVE ON 12 23A SIGNATURE 24A. BULIAL	CONDITIONS CONTRIBUTION RELATING TO THE DISEAS FION 19B. MAJOR (SPECIFY) (DAY) (YEAR) (HOUR) (THAT I ATTENDED THE DEC. 19 49 AND THAT I DEG. 24B. DATE	TOONDITIONS TO THE DEATH BUT NOT BE OF CONDITION CAUSING DEFINDINGS OF OPERATION 21B. PLACE O INJURY FARM. FACTORY, STR 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT NOT WHILE WORK AT AT WORK CEASED FROM DEATH OCCURRED AT	E. G N OR ABOUT HOME EET, OFFICE BLDG., ETC.) 21F. HOW DID INJURY 1945. TO 1870. THE CAUSES AND 23B. ADDRESS RY OR CREMATORY TOTAL 1970. THE CAUSES AND 23B. ADDRESS RY OR CREMATORY TOTAL 26. FUNERAL DIRECTO	21C. (CITY OR TOWN) Saffred Y OCCUR? 19 49. THAT I ON THE DATE STATED ABOV 24D. LOCATION (CITY. DUNCAIN, AT OR'S SIGNATURE	LAST SAW THE DECEASED VE. 23C. DATE SIGNED TOWN. ORCOUNTY I ISTATE!
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